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7590

08/12/2004

Jack J. Schwartz
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Janesha Canidate	(Depositor's name)
<i>Janesha Canidate</i>	(Signature)
October 5, 2004	(Date)

10/08/2004-MBERHE1 00000046 502828 09992696

01 FC:1501 1370.00 OP
02 FC:1504 31.00 DA 269.00 OP
03 FC:8001 9.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/992,696	11/20/2001	Clifford Mark Kelly	2000P09065 US01	7464

TITLE OF INVENTION: ELECTRICALLY ISOLATED POWER AND SIGNAL COUPLER SYSTEM FOR A PATIENT CONNECTED DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEBERADINIS, ROBERT L	2836	307-104000

10/13/2004 MBERHE1 00000060 09992696

01 FC:1504 300.00 OP
02 FC:8001 9.00 OP
03 FC:1501 40.00 DA 1330.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jack Schwartz & Associates

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Draeger Medical Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Danvers, MA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual☒ corporation or other private group entity☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

October 5, 2004

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PTOL 85 (Rev 07/04) Approved for use through 04/30/2007

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